

2006 AMENDED TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL AMENDED INCOME TAX RETURN

**TAXPAYER
COPY**FOR THE YEAR ENDING
December 31, 2006

| | | | | | | | | | | |
|---|--|-----------------|----|----|---------------------|----|------|-------------|----|------|
| Prepared for | Brian H Davis 28 W Allegheny Ave. Apt. No. 910 Towson, MD 21204 | | | | | | | | | |
| Prepared by | Capallo Tax Services, LLC 1131 Bel Air Road Bel Air, Maryland 21014 | | | | | | | | | |
| Amended Result | <table> <tr> <td>Original Refund</td> <td>\$</td> <td>30</td> </tr> <tr> <td>Amended Balance Due</td> <td>\$</td> <td>2081</td> </tr> <tr> <td>Balance Due</td> <td>\$</td> <td>2111</td> </tr> </table> | Original Refund | \$ | 30 | Amended Balance Due | \$ | 2081 | Balance Due | \$ | 2111 |
| Original Refund | \$ | 30 | | | | | | | | |
| Amended Balance Due | \$ | 2081 | | | | | | | | |
| Balance Due | \$ | 2111 | | | | | | | | |
| Make check payable to | United States Treasury | | | | | | | | | |
| Mail tax return and check (if applicable) to | Internal Revenue Service Center Andover, MA 05501 | | | | | | | | | |
| Return must be mailed on or before | Please mail as soon as possible. | | | | | | | | | |
| Special Instructions | <p>The return should be signed and dated.</p> <p>Include your social security number, daytime phone number and the words "2006 Form 1040" on your check.</p> | | | | | | | | | |

2006 AMENDED TAX RETURN FILING INSTRUCTIONS**MARYLAND AMENDED INCOME TAX RETURN**

FOR THE YEAR ENDING
December 31, 2006

| | |
|---|---|
| Prepared for | Brian H Davis 28 W Allegheny Ave. Apt. No. 910 Towson, MD 21204 |
| Prepared by | Capallo Tax Services, LLC 1131 Bel Air Road Bel Air, Maryland 21014 |
| Amended Result | Original Balance Due \$ 468 Amended Balance Due \$ 946 Balance Due \$ 478 |
| Make check payable to | Comptroller of Maryland |
| Mail tax return and check (if applicable) to | Comptroller of Maryland Revenue Administration Div. Amended Return Unit Annapolis, MD 21411-0001 |
| Return must be mailed on or before | Please mail as soon as possible. |
| Special Instructions | The return should be signed and dated. Include your social security number and the words "2006 Form MD502X" on your check. |

2006 AMENDED TAX RETURN FILING INSTRUCTIONS**DELAWARE AMENDED INCOME TAX RETURN**

FOR THE YEAR ENDING
December 31, 2006

| | |
|---|--|
| Prepared for | Brian H Davis 28 W Allegheny Ave. Apt. No. 910 Towson, MD 21204 |
| Prepared by | Capallo Tax Services, LLC 1131 Bel Air Road Bel Air, Maryland 21014 |
| Amended Result | Original Balance Due \$ 0 Amended Balance Due \$ 268 Balance Due \$ 268 |
| Make check payable to | Delaware Division of Revenue |
| Mail tax return and check (if applicable) to | Delaware Division of Revenue P.O. Box 8752 Wilmington, DE 19899-8752 |
| Return must be mailed on or before | Please mail as soon as possible. |
| Special Instructions | The return should be signed and dated. Include your social security number, daytime phone and the words "2006 FORM 200-02" on your check. |

Form **1040X**

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2007)

See separate instructions.

This return is for calendar year **2006**, or fiscal year ended

| | | | | |
|----------------------|---|-----------|---|-------------------------------------|
| Please print or type | Your first name and initial BRIAN H DAVIS | Last name | Your social security number 214 72 5389 | |
| | If a joint return, spouse's first name and initial | Last name | Spouse's social security number | |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 28 W ALLEGHENY AVE. | | Apt. no. 910 | Phone number 443-416-5121 |
| | City, town or post office, state, and ZIP code TOWSON, MD 21204 | | | |

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ☐ Yes ☐ No

B Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

| Use Part II on page 2 to explain any changes | | A. Original amount or as previously adjusted (see page 3) | B. Net change - amount of increase or (decrease) - explain in Part II | C. Correct amount |
|---|---|---|---|-------------------|
| Income and Deductions (see instructions) | | | | |
| Tax Liability | 1 Adjusted gross income (see page 3) | 13308. | 12475. | 25783. |
| | 2 Itemized deductions or standard deduction (see page 3) | 5150. | | 5150. |
| | 3 Subtract line 2 from line 1 | 8158. | 12475. | 20633. |
| | 4 Exemptions. If changing, fill in Parts I and II on page 2 (see page 4) | 3300. | | 3300. |
| | 5 Taxable income. Subtract line 4 from line 3 | 4858. | 12475. | 17333. |
| | 6 Tax (see page 5). Method used in col. C <u>Table</u> | 488. | 1733. | 2221. |
| | 7 Credits (see page 5) | 488. | -488. | 0. |
| | 8 Subtract line 7 from line 6. Enter the result but not less than zero | 0. | 2221. | 2221. |
| | 9 Other taxes (see page 5) | | | |
| | 10 Total tax. Add lines 8 and 9 | 0. | 2221. | 2221. |
| Payments | 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5 | 0. | 110. | 110. |
| | 12 Estimated tax payments, including amount applied from prior year's return | | | |
| | 13 Earned income credit (EIC) | | | |
| | 14 Additional child tax credit from Form 8812 | | | |
| | 15 Credits: Federal telephone excise tax or from Forms 2439, 4136, or 8885 | 30. | | 30. |
| | 16 Amount paid with request for extension of time to file (see page 5) | | | |
| | 17 Amount of tax paid with original return plus additional tax paid after it was filed | | | |
| | 18 Total payments. Add lines 11 through 17 in column C | | | 140. |
| | Refund or Amount You Owe | | | |
| | 19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | | | 30. |
| | 20 Subtract line 19 from line 18 (see page 6) | | | 110. |
| | 21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | | | 2111. |
| | 22 If line 10, column C, is less than line 20, enter the difference | | | |
| | 23 Amount of line 22 you want refunded to you | | | |
| | 24 Amount of line 22 you want applied to your estimated tax | 24 | | |

Sign Here Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

| | | | | | | | | |
|--------------------------|--|---|------|----------|------------------------|--------------------------|------------------------|--------------|
| Paid Preparer's Use Only | Preparer's signature | /s/ Thomas E. Capallo, CPA | Date | 09/12/08 | Check if self-employed | <input type="checkbox"/> | Preparer's SSN or PTIN | P00361859 |
| | Firm's name (or yours if self-employed), address, and ZIP code | Capallo Tax Services, LLC 1131 Bel Air Road Bel Air, Maryland 21014 | | | EIN | 68-0511917 | Phone no. | 410-838-2708 |

Form 1040X (Rev. 2-2007) BRIAN H DAVIS

Part I Exemptions. See Form 1040 or 1040A instructions.

Complete this part only if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

A. Original number of exemptions reported or as previously adjusted

B. Net change

C. Correct number of exemptions

25 Yourself and spouse

Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.

26 Your dependent children who lived with you

27 Your dependent children who did not live with you due to divorce or separation

28 Other dependents

29 Total number of exemptions. Add lines 25 through 28

30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.

| Tax year | Exemption amount | But see the instructions for line 4 on page 3 if the amount on line 1 is over: |
|----------|------------------|--|
| 2006 | \$3,300 | \$112,875 |
| 2005 | 3,200 | 109,475 |
| 2004 | 3,100 | 107,025 |
| 2003 | 3,050 | 104,625 |

31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4)

32 Add lines 30 and 31. Enter the result here and on line 4

33 Dependents (children and other) not claimed on original (or adjusted) return:

No. of children on 33 who:

• lived with you

• did not live with you due to divorce or separation

Dependents on 33 not entered above

(a) First name

Last name

(b) Dependent's social security number

(c) Dependent's relationship to you

(d) Check if qualifying child for child tax credit

Part II Explanation of Changes

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

THE RETURN IS BEING AMENDED TO INCLUDE A FORM W-2 THAT WAS FIRST RECEIVED IN SEPTEMBER, 2007. SEE COPY OF FORM W-2 FROM PRIS-MM LLC ATTACHED. WAGE INCOME INCREASED BY \$12,475, RETIREMENT TAX CREDIT DECREASED BY \$488, AND FEDERAL INCOME TAX WITHHELD INCREASED BY \$110.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

Form 1040X (Rev. 2-2007)

BRIAN H DAVIS

| Form 1040 | Allowable IRA Deduction | Statement | 1 |
|--|-------------------------|-----------------|---------------|
| | | Taxpayer Amount | Spouse Amount |
| Total IRA Deductions to Form 1040, line 32 | | 1000. | |

| Form 1040 | Wages Received and Taxes Withheld | | | | | Statement | 2 |
|------------------------|-----------------------------------|----------------------|--------------------|------------------|----------|--------------|---|
| T S Employer's Name | Amount Paid | Federal Tax Withheld | State Tax Withheld | City SDI Tax W/H | FICA Tax | Medicare Tax | |
| T IMAGE FIRST | | | | | | | |
| PROFESSIONAL APPAREL | 14308. | | | | 887. | 207. | |
| T PRIZ-MM LLC | 12475. | 110. | 199. | | 773. | 181. | |
| Totals | 26783. | 110. | 199. | | 1660. | 388. | |

| | | | | | | |
|---------------------------|-------------------------------------|--|-------------------------------|--|-------------------------------|---------------------------|
| 15 State MD - 11265746 | Employer's State ID No. 11265746 | 16 State wages, tips, etc. 12474.77 | 17 State income tax 198.65 | 18 Local wages, tips, etc. 12474.77 | 19 Local income tax 198.65 | 20 Unemployment 198.65 |
|---------------------------|-------------------------------------|--|-------------------------------|--|-------------------------------|---------------------------|

FORM
502X AMENDED MARYLAND TAX RETURN

| | | | | | | | | |
|--|--|---------------------------|--|--|--|---|--|---|
| Your first name and initial BRIAN H | | Last name DAVIS | | Social security number 214725389 | | Check here if you are: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind | | Tax year being amended 2006 |
| Spouse's first name and initial | | Last name | | Social security number | | Check here if your spouse is: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind | | |
| Present address (No. and street) 28 W ALLEGHENY AVE. APT. NO TOWSON | | | | City or town MD 21204 | | State ZIP code MD 21204 | | Daytime telephone number 4434165121 |
| Name of County in which you were a resident on the last day of the tax year. (Baltimore City residents leave blank) BL | | | | Maryland county | | Name of incorporated city, town, or special taxing area in which you were a resident on the last day of the tax year. | | |

IF THIS IS BEING FILED TO CARRY BACK A NET OPERATING LOSS, CHECK THIS BOX ☐ Attach copies of the federal loss year return and NOL Worksheets. See Instructions.

IMPORTANT NOTE: Read the instructions and complete page 2 first.

Is this address different from the address on your original return? ☐ YES ☒ NO

Check: Full-year resident ☒ Part-year resident ☐ or Nonresident ☐

If part-year resident or nonresident enter dates you resided in Maryland _____

Any changes from the original filing must be explained in Part III on pg. 2 of this form. **Submit copy of tax return filed with the other state.**

Did you request an extension of time to file the original return? ☐ YES ☒ NO

If yes, enter the date the return was filed _____

Is an amended Federal return being filed? ☒ YES ☐ NO

If yes, submit copy.

Has your original Federal return been changed or corrected by the Internal Revenue Service? ☐ YES ☒ NO

If yes, submit copy of the IRS notice.

CHANGE OF FILING STATUS

Original Amended

| | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Single |
| <input type="checkbox"/> | <input type="checkbox"/> | Married filing joint return or spouse had no income |
| <input type="checkbox"/> | <input type="checkbox"/> | Married filing separately _____ SPOUSE'S SOCIAL SECURITY NO. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Head of household |
| <input type="checkbox"/> | <input type="checkbox"/> | Qualifying widow(er) with dependent child |
| <input type="checkbox"/> | <input type="checkbox"/> | Dependent taxpayer |

| | A. As originally reported or as previously adjusted (See Instructions) | B. Net change - increase or (decrease) - explain on page 2 | C. Corrected amount |
|--|--|--|---------------------|
| 1. Federal adjusted gross income | 13308 | 12475 | 25783 |
| 2. Additions to income | | | |
| 3. Total (Add lines 1 and 2) | 13308 | 12475 | 25783 |
| 4. Subtractions from income | | | |
| 5. Total Maryland adjusted gross income (Subtract line 4 from line 3) | 13308 | 12475 | 25783 |
| 6. CHECK ONLY ONE METHOD (See Instructions) | | | |
| STANDARD DEDUCTION METHOD <input checked="" type="checkbox"/> Use percentage applicable for year of return. | 1996 | 4 | 2000 |
| ITEMIZED DEDUCTION METHOD <input type="checkbox"/> Enter total MD itemized deductions from Part II, on page 2 | | | |
| 7. Net income (Subtract line 6 from line 5) | 11312 | 12471 | 23783 |
| 8. Exemption amount (See Instructions) | 2400 | | 2400 |
| 9. Taxable net income (Subtract line 8 from line 7) | 8912 | 12471 | 21381 |
| 10. Maryland and special nonresident tax (from Tax Table or Computation Worksheet) | 371 | 592 | 963 |
| 10a. Credits: Earned Income Credit _____ Poverty Level Credit _____ | 155 | 268 | 423 |
| Personal Credit 155 Business Credit _____ Enter total credits | 216 | 324 | 540 |
| 10b. Maryland tax after credits (Subtract line 10a from line 10) If less than 0, enter 0 | | | |
| 11. Local income tax (Use rate applicable for year of return) | 252 | 353 | 605 |
| Multiply line 9 by 2.83% (See Instructions) | | | |
| 11a. Local credits: Earned Income Credit _____ Poverty Level Credit _____ | 0 | | |
| Enter total credits | 252 | 353 | 605 |
| 11b. Local tax after credits (Subtract line 11a from line 11) If less than 0, enter 0 | 468 | 677 | 1145 |
| 12. Total Maryland and local income tax (Add lines 10b and 11b) | | | |
| 13. Contribution: A. _____ B. _____ C. _____ | 468 | 677 | 1145 |
| Enter total contributions (See Instructions) | | 199 | 199 |
| 14. Total Maryland income tax, local income tax and contribution (Add lines 12 and 13) | | | |
| 15. Total Maryland tax withheld | | | |
| 16. Estimated tax payments and payment made with an extension request, Form 502E | | | |
| 17. Refundable earned income credit | | | |
| 18. Nonresident tax paid by pass-through entities | | | |
| 19. Refundable income tax credits (Attach Form 500CR, 502CR and/or 502H) | | | |
| 20. Total payments and credits (Add lines 15 through 19) | | 199 | 199 |
| 21. Balance due (if line 14 is more than line 20) | | | 946 |
| 22. Overpayment (if line 14 is less than line 20) | | | |
| 23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty) | | | 46 |
| 24. Prior overpayment (Total all refunds previously issued) | | | |
| 25. REFUND DUE YOU (If line 21 is less than 23, subtract line 21 from 23) (If line 24 is less than 22, subtract line 24 from 22) (Add line 22 to 23) | | | 47 |
| 26. BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21) (Add line 21 to 24) (If line 22 is less than 24, subtract line 22 from 24) | | | |
| 27. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instructions) | | | |
| 28. TOTAL AMOUNT DUE (Add line 26 and line 27) | | | 47 |

REFUND**PAY IN FULL WITH THIS RETURN**

MARYLAND FORM 502X, Page 2

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and Line 17 of Column C.

INCOME AND ADJUSTMENTS INFORMATION

(See Instructions)

| | A. As originally reported or as previously adjusted | B. Net increase or (decrease) | C. Corrected amount |
|---|---|-------------------------------|---------------------|
| 1. Wages, salaries, tips, etc | 14308 | 12475 | 26783 |
| 2. Taxable interest income | | | |
| 3. Dividend income | | | |
| 4. Taxable refunds, credits or offsets of state and local income taxes | | | |
| 5. Alimony received | | | |
| 6. Business income or (loss) | | | |
| 7. Capital gain or (loss) | | | |
| 8. Other gains or (losses) (from federal Form 4797) | | | |
| 9. Taxable amount of pensions, IRA distributions, and annuities | | | |
| 10. Rents, royalties, partnerships, estates, trusts, etc. (Mark appropriate item) | | | |
| 11. Farm income or (loss) | | | |
| 12. Unemployment compensation | | | |
| 13. Taxable amount of social security and tier 1 railroad retirement benefits | | | |
| 14. Other income (including lottery or other gambling winnings) | 14308 | 12475 | 26783 |
| 15. Total income (Add lines 1 through 14) | 1000 | | 1000 |
| 16. Total adjustments to income from federal return (IRA, alimony, etc.) | | | |
| 17. Adjusted gross income (Subtract line 16 from line 15) (Enter on page 1, in each appropriate column of line 1) | 13308 | 12475 | 25783 |

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and Line 11 of Column C.

| | A. As originally reported or as previously adjusted | B. Net increase or (decrease) | C. Corrected amount |
|--|---|-------------------------------|---------------------|
| 1. Medical and dental expense | | | |
| 2. Taxes | | | |
| 3. Interest | | | |
| 4. Contributions | | | |
| 5. Casualty or theft losses | | | |
| 6. Miscellaneous | | | |
| 7. Enter total itemized deductions from federal Schedule A (will not be equal to the sum of lines 1 through 6 if deductions were limited due to high income) | | | |
| 8. Enter state and local income taxes included on line 2 or from worksheet (See Instructions) | | | |
| 9. Net deductions (Subtract line 8 from line 7) | | | |
| 10. Less deductions during period of nonresident status | | | |
| 11. Total Maryland deductions (Subtract line 10 from line 9) (Enter on page 1, in each appropriate column of line 6) | | | |

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

THE RETURN IS BEING AMENDED TO INCLUDE A FORM W-2 THAT WAS FIRST RECEIVED IN SEPTEMBER, 2007. SEE COPY OF FORM W-2 FROM PRIS-MM LLC ATTACHED. WAGE INCOME INCREASED BY \$12,475, MARYLAND INCOME TAX WITHHELD INCREASED BY \$199, AND TAX CREDIT FOR DELAWARE TAXES INCREASED BY \$268.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Make checks payable to:
COMPTROLLER OF MARYLAND
It is recommended that you write
your social security number on
your check in blue or black ink.

Check here ☒ if you authorize your preparer to discuss this return with us.

09 12 08

P00361859

Your signature

Date

Signature of preparer other than taxpayer

Preparer's SSN or PTIN

Spouse's signature

Date

BEL AIR, MARYLAND 21014

Address of preparer

REV. 2006

656031 10-20-06 06-05

FORM
502CRMARYLAND
INCOME TAX CREDITS
FOR INDIVIDUALS

2006

ATTACH TO YOUR TAX RETURN

| | | | |
|--------------------------------|--------------|----------------------------|--|
| SOCIAL SECURITY # 214725389 | | SPOUSE'S SOCIAL SECURITY # | |
| Your First Name BRIAN | Initial H | Last Name DAVIS | |
| Spouse's First Name | Initial | Last Name | |

Read Instructions for
Form 502CR

Note: You must complete and submit both pages 1 and 2 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES

If you were a part-year resident, you may not claim a credit for tax paid on nonresident income you subtracted on line 13 of Form 502.

1. Enter your taxable net income from line 22, Form 502. 1 21383
2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. 2 12504
If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here.
NOTE: When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states.
3. Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. 3 8879
4. Enter the Maryland tax from line 24, Form 502. This is the Maryland tax based on your total income for the year. 4 963
5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Form 502. Do not include the local income tax. 5 369
6. Tentative tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 6 594
7. State tax shown on the tax return filed with the state of DE 2-letter state code must be entered for credit to be allowed.
Enter 2 letter state code
Enter the amount of your 2006 income tax liability (after deducting any credits for personal exemptions) to a state other than Maryland. Do not enter state tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state be attached to your Maryland return. 7 423
8. Credit for income tax paid to other state. Your credit for taxes paid to another state is the smaller of the tax actually paid (line 7) or the reduction in Maryland tax resulting from the exclusion of income in the other state (line 6). Write the smaller of line 6 or line 7 here and on line 1, Part G, page 2. 8 423

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515. 1
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 or 1040A, Schedule 2. 2
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1. 3
4. Multiply line 2 by line 3. Enter here and on line 2, Part G, page 2. 4

PART C - QUALITY TEACHER INCENTIVE CREDIT

- | | Taxpayer A | Taxpayer B |
|--|---|---|
| 1. Enter the Maryland public school system in which you teach. | Name of Public School System - Maryland | Name of Public School System - Maryland |
| 2. Enter amount of tuition paid to: | 2 | 2 |
| 3. Enter amount of tuition reimbursement. Name of Institution | 3 | 3 |
| 4. Subtract line 3 from line 2. | 4 | 4 |
| 5. Maximum credit. | 5 | 5 |
| 6. Enter the lesser of line 4 or line 5 here. | 6 | 6 |
| 7. Total (Add amounts from line 6, for Taxpayers A and B.) Enter here and on line 3, Part G, page 2. | 7 | 7 |

FORM **MARYLAND**
502CR **INCOME TAX CREDITS**
 2006 **FOR INDIVIDUALS**



NAME **BRIAN H DAVIS** SSN **214725389**

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

1. Enter the amount paid to purchase an aquaculture oyster float(s) ▶ **1**
 Enter here and on line 4 of Part G below

PART E - LONG-TERM CARE INSURANCE CREDIT: (This is a **ONE-TIME** credit)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1 - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes ☐ No ☐
 Question 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes ☐ No ☐
 Question 3 - Has credit been claimed for the insured individual in any other tax year? Yes ☐ No ☐

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

\$280 for those insured that are 40 or less, as of 12/31/06

\$500 for those insured that are over age 40, as of 12/31/06

Add the amounts in Column E and enter the total on line 5 (TOTAL) and Part G, line 5.

| Column A Name of Qualifying Insured Individual | | Column B Social Security No. of Insured | Column C Relationship to Taxpayer | Column D Amount of Premium Paid | Column E Credit Amount |
|---|-----|---|---|---------------------------------------|------------------------------|
| | Age | | | | |
| 1. | ▶ | ▶ | | ▶ | 1. |
| 2. | ▶ | ▶ | | ▶ | 2. |
| 3. | ▶ | ▶ | | ▶ | 3. |
| 4. | ▶ | ▶ | | ▶ | 4. |
| 5. TOTAL | | | | | 5. |

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

1. Enter the total of the current year donation amount, and any carryover from prior year(s)
 2. Enter the amount of any payment received for the easement during 2006
 3. Subtract line 2 from line 1
 4. Enter the amount from line 24 of Form 502, line 32c of Form 505 or line 33 of Form 515, or \$5,000, whichever is less
 5. Enter the lesser of lines 3 or 4 here and on line 6 of Part G below. (If you itemize deductions, see Instruction 14)
 6. Excess credit carryover. Subtract line 5 from line 3.....

1
2
3
4
5
6

PART G - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 8 (If more than one state, see instructions)
 2. Enter the amount from Part B, line 4
 3. Enter the amount from Part C, line 7
 4. Enter the amount from Part D, line 1
 5. Enter the amount from Part E, line 5
 6. Enter the amount from Part F, line 5
 7. Enter the amount from Section 2, line 4 of Form 502H. Attach Form 502H.....
 8. Total (Add lines 1 through 7.) Enter this amount on line 27 of Form 502, line 35 of Form 505 or line 36 of Form 515

1
2
3
4
5
6
7
8

423

423

PART H - REFUNDABLE INCOME TAX CREDITS

1. Neighborhood Stabilization Credit. Enter the amount and attach certification
 2. Heritage Structure Rehabilitation Tax Credit (See instructions for Form 502H) Attach certification
 3. Refundable Business Income Tax Credit (See instructions for Form 500CR) Attach 500CR
 4. IRC Section 1341 Repayment Credit (See instructions) Attach documentation
 5. Form 1041 Schedule K-1 Nonresident PTE tax (See instructions for required attachments)
 6. Total (Add lines 1 through 5.) Enter this amount on line 44 of Form 502, line 47 of Form 505, or line 54 of Form 515

1
2
3
4
5
6

DO NOT WRITE OR STAPLE IN THIS AREA

DELAWARE
FORM 200-02-X

TAX YEAR: 2006

NON-RESIDENT AMENDED
DELAWARE PERSONAL INCOME TAX RETURN
(FOR TAX YEARS BEGINNING 2005)

or Fiscal year beginning and ending

Your Social Security No.
214-72-5389

Spouse's Social Security No.

Your Last Name, First Name and Middle Initial
DAVIS

BRIAN H

Spouse's Last Name, First Name

Jr., Sr., III., etc.

Jr., Sr., III., etc.

FILING STATUS (MUST CHECK ONE)

1. ☒ Single, Divorced, Widow(er)3. ☐ Married & Filing
Separate Forms2. ☐ Joint5. ☐ Head of Household☒ Check if a full year non-resident
in the tax year☐ Form DE2210 Attached

Present Home Address (Number and Street)

Apt. #

28 W ALLEGHENY AVE. Apt. No. 910

City, Town or Post Office

State

ZIP Code

TOWSON, MD 21204

If you were a part year resident in the tax year, give the dates you
resided in Delaware.From _____ To _____
Month Day Year Month Day Year

COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL RETURN.

CORRECTED AMOUNTS

| | | | |
|---|----|--------|----|
| 1. DELAWARE ADJUSTED GROSS INCOME | 1 | 25783. | 00 |
| 2. (a) If you elect the STANDARD DEDUCTION check here <input checked="" type="checkbox"/> a. Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500 | 2 | 3250. | 00 |
| (b) If you elect to ITEMIZE DEDUCTIONS check here <input type="checkbox"/> b. | | | |
| 3. ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - use worksheet on page 2) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> | 3 | | 00 |
| 4. TOTAL DEDUCTIONS - ADD LINES 2 and 3 and enter here | 4 | 3250. | 00 |
| 5. TAXABLE INCOME - Subtract Line 4 from Line 1 and compute tax on this amount | 5 | 22533. | 00 |
| 6. Tax Liability Computation A Modified Delaware Sourced Income 14308. 00 B Delaware Adjusted Gross Income 25783. 00 = Proration .5549 X Tax Liability from Tax Rate Table/Schedule 872. 00 | 6 | 484. | 00 |
| 7a. Enter number of exemptions claimed on Federal return 1 X \$110. = 110. Multiply this amount by the proration decimal on Line 6 (X .5549) and enter total here | 7a | 61. | 00 |
| 7b. CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 7b _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 6 (X _____) and enter total here | 7b | | 00 |
| 8. Tax imposed by State of (Part Year Residents only) 8 | 8 | | 00 |
| 9. Other Non-Refundable Credits 9 | 9 | | 00 |
| 10. Total Non-Refundable Credits (Add Lines 7a, 7b, 8 and 9) | 10 | 61. | 00 |
| 11. BALANCE (Subtract Line 10 from Line 6, cannot be less than ZERO) | 11 | 423. | 00 |
| 12. Delaware Tax Withheld (W-2's and/or 1099's Required) 12 | 12 | | 00 |
| 13. Estimated Tax Paid & Payments with Extensions 13 | 13 | | 00 |
| 14. S Corporation Payments (Form 1100S/A-1 Required) 14 | 14 | | 00 |
| 15. Amount paid (if any, see instructions) 15 | 15 | 155. | 00 |
| 16. TOTAL Refundable Credits (Add Lines 12, 13, 14, & 15) | 16 | 155. | 00 |
| 17. Refund received (if any, see instructions) | 17 | | 00 |
| 18. Estimated Tax Carryover and/or Special Funds Contribution as shown on original return | 18 | | 00 |
| 19. Subtract Lines 17 and 18 from Line 16 | 19 | 155. | 00 |
| 20. BALANCE DUE. If Line 11 is more than Line 19, subtract 19 from 11 and enter here | 20 | 268. | 00 |
| 21. OVERPAYMENT. If Line 19 is more than Line 11, subtract 11 from 19 and enter here | 21 | | 00 |
| 22. AMOUNT OF LINE 21 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER > | 22 | | 00 |
| 23. PENALTIES AND INTEREST DUE ENTER > | 23 | | 00 |
| 24. NET BALANCE DUE - Enter the amount due (Line 20 plus Lines 22 and 23) and pay in full. PAY IN FULL > | 24 | 268. | 00 |
| 25. NET REFUND - Subtract Lines 22 and 23 from Line 21 TO BE REFUNDED/ZERO DUE > | 25 | | 00 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

/s/ Thomas E. Capallo, CPA

09/12/08

X

Your Signature

Date

Signature of Paid Preparer Capallo Tax Services, Date
Bel Air, Maryland 21014

X

Spouse's Signature (if filing joint)

Date

Address - ZIP Code

P00361859

Home
PhoneBusiness
Phone

443-416-5121

Business Phone 410-838-2708

EIN, SSN, OR PTIN

NON-RESIDENT AMENDED DELAWARE PERSONAL INCOME TAX RETURN

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMSIS AN AMENDED FEDERAL RETURN BEING FILED? ☒ YES ☐ NOHAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED? ☐ YES ☒ NOIS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM? ☐ YES ☒ NO

A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED. THE RETURN IS BEING AMENDED TO INCLUDE A FORM W-2 THAT WAS FIRST RECEIVED IN SEPTEMBER, 2007. SEE COPY OF FORM W-2 FROM PRIS-MM LLC ATTACHED. THE ADDITIONAL FORM W-2 IS FOR MARYLAND WAGES ONLY, BUT THE TAX AND EXEMPTION CALCULATION ON THE DELAWARE NONRESIDENT RETURN HAS CHANGED DUE TO THE INCREASE IN DELAWARE TOTAL ADJUSTED GROSS INCOME.

ADDITIONAL STANDARD DEDUCTION WORKSHEET

| | 65 OR OVER | BLIND | TOTAL NO. | TOTAL AMOUNT |
|-----------|--------------------------|--------------------------|-----------|--------------|
| 1. SELF | <input type="checkbox"/> | <input type="checkbox"/> | X 2500 = | |
| 2. SPOUSE | <input type="checkbox"/> | <input type="checkbox"/> | X 2500 = | |

NOTE: IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.

TAX RATE SCHEDULE

| IF INCOME ON LINE 5 IS: | | YOUR TAX IS: |
|-------------------------|--------------|---|
| AT LEAST | BUT NOT OVER | |
| \$ 0. | \$ 2,000. | \$0. |
| 2,000. | 5,000. | 2.20% OF AMOUNT OVER \$2,000. |
| 5,000. | 10,000. | \$66.00 + 3.90% OF AMOUNT OVER \$5,000. |
| 10,000. | 20,000. | \$261.00 + 4.80% OF AMOUNT OVER \$10,000. |
| 20,000. | 25,000. | \$741.00 + 5.20% OF AMOUNT OVER \$20,000. |
| 25,000. | 60,000. | \$1,001.00 + 5.55% OF AMOUNT OVER \$25,000. |
| 60,000 AND OVER | | \$2,943.50 + 5.95% OF AMOUNT OVER \$60,000. |

DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION

NEW CASTLE COUNTY
 Carvel State Office Building
 820 North French Street
 Wilmington, DE 19801
 (302) 577-8200

KENT COUNTY
 Thomas Collins Building
 540 South DuPont Highway
 Dover, DE 19901
 (302) 744-1085

SUSSEX COUNTY
 422 North DuPont Highway
 Suite 2
 Georgetown, DE 19947
 (302) 856-5358

Toll-free telephone number (Delaware only) 1-800-292-7826

Revised 10/14/2005